

**SUPPLEMENTAL DECLARATION
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SEED-ASSOCIATED PROMOTER SEQUENCES, the specification of which was filed on August 1, 2003, as Application No. 10/633,279, with amendments through September 5, 2006.

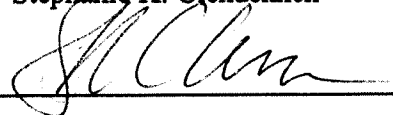
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor Name: Stephanie K. Clendennen

Inventor's Signature



28 Feb 07

Date

Residence: Kingsport, Tennessee

Citizenship: United States of America

Post Office Address: P.O. Box 6332
Kingsport, Tennessee 37663

Inventor Name: Jonathan Lightner

Inventor's Signature

Date

Residence: Des Moines, IA

Citizenship: United States of America

Post Office Address: 540 46th Street
Des Moines, IA 50312

Inventor Name: Debra Schuster

Inventor's Signature

Date

Residence: Portland, OR

Citizenship: United States of America

Post Office Address: 2105 N. Webster
Portland, OR 97217

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Inventor's Signature

Date

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Citizenship: United States of America

Post Office Address: P.O. Box 6332
Kingsport, Tennessee 37663

Inventor Name: Jonathan Lightner

Inventor's Signature



2/5/2007

Date

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Citizenship: United States of America

Post Office Address: 540 46th Street
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Des Moines, IA 50312

Inventor Name:

^{DKO}
~~Debra Schuster~~ Debra Orney

Inventor's Signature

Debra Orney

2-6-07

Date

Residence: Portland, OR

Citizenship: United States of America

Post Office Address: 2105 N. Webster
Portland, OR 97217

TYPE/PRINT
IN
PERMANENT
BLACK INK.

9617
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

136-

State File Number

APPLICATION, LICENSE, AND RECORD OF MARRIAGE

LOCAL
OFFICIAL

COUNTY HOOD RIVER

LICENSE EFFECTIVE
ON OR AFTER JULY 27, 2006

GROOM

1. GROOM'S NAME		First	Middle	Last
		COREY		OMEY
2. BIRTHPLACE (State or Foreign Country)		3. DATE OF BIRTH (Month, Day, Year)		4. AGE (18 or older, 17 with consent)
TENNESSEE		JULY 15, 1975		31
5. SEX	6. OCCUPATION		7. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)	
MALE	ARCHITECT INTERN/DESIGNER		SINGLE	
8a. FATHER'S NAME (First, Middle, Last)			8b. BIRTHPLACE (State or Foreign Country)	
BILLY W OMEY			NEW MEXICO	
9a. MOTHER'S NAME (First, Middle, Maiden Surname)			9b. BIRTHPLACE (State or Foreign Country)	
NANCY L. VAN LIEW			NEW JERSEY	
10. GROOM'S ADDRESS		Street and Number	City or Town	County State Zip
		2105 N. WEBSTER ST	PORTLAND	MULTNOMAH OREGON 97217
11. If affidavit is required as proof of age, the name and address of the affiant.				
Name: Address:				

☐

CONSENT FORM
WAIVER

BRIDE

12a. BRIDE'S NAME		First	Middle	Last
		DEBRA	KAY	SCHUSTER
12b. MAIDEN SURNAME (If Different)		12c. PREVIOUS NAME (If Different)		
13. BIRTHPLACE (State or Foreign Country)		14. DATE OF BIRTH (Month, Day, Year)		15. AGE (18 or older, 17 with consent)
WISCONSIN		DECEMBER 13, 1966		39
16. SEX	17. OCCUPATION		18. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)	
FEMALE	MOLECULAR BIOLOGIST		SINGLE	
19a. FATHER'S NAME (First Middle, Last)			19b. BIRTHPLACE (State or Foreign Country)	
CLAUDE B. SCHUSTER			WISCONSIN	
20a. MOTHER'S NAME (First, Middle, Maiden Surname)			20b. BIRTHPLACE (State or Foreign Country)	
ROSE B. HELT			WISCONSIN	
21. BRIDE'S ADDRESS		(Street and Number)	City or Town	County State Zip
		2105 N. WEBSTER ST	PORTLAND	MULTNOMAH OREGON 97217
22. If affidavit is required as proof of age, the name and address of the affiant.				
Name: Address:				

☐

CONSENT FORM
WAIVER

SIGNATURES

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

23. GROOM'S LEGAL SIGNATURE

24. BRIDE'S LEGAL SIGNATURE

NEITHER YOU NOR YOUR SPOUSE IS THE PROPERTY OF THE OTHER. THE LAWS OF THE STATE OF OREGON AFFIRM YOUR RIGHT TO ENTER INTO MARRIAGE AND AT THE SAME TIME TO LIVE WITHIN THE MARRIAGE FREE FROM VIOLENCE AND ABUSE.

LICENSE TO
MARRY

This License Authorizes the Marriage in this State of the Parties Named Above by Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the STATE OF OREGON.		25. LICENSE EXPIRES (Month, Day, Year)	
		SEPTEMBER 26, 2006	
26. DATE LICENSE ISSUED	27. SIGNATURE OF ISSUING OFFICIAL		28. TITLE OF ISSUING OFFICIAL
7/24/06	[Signature]		CLERK
29. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON - MONTH, DAY, YEAR		30a. WHERE MARRIED - CITY, TOWN/LOCATON	
7/29/06		Mt. Hood, OR	
31a. SIGNATURE OF PERSON PERFORMING CEREMONY		31b. NAME (Type/Print)	31c. TITLE
[Signature]		Timothy R Smith	Reverend
31d. NAME /ADDRESS OF OFFICIANT'S AUTHORIZING RELIGIOUS CONGREGATION/ORGANIZATION		31e. ADDRESS AND PHONE NUMBER OF PERSON PERFORMING CEREMONY	
World Christianity Ministries		2305 SE 53rd Ave. Portland, OR 97215	
32. WITNESS NAME		33. WITNESS NAME	
Scott Foley		Louise A. Daley	
34. SIGNATURE OF COUNTY CLERK OR DIRECTOR		35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)	
[Signature]		August 4, 2006	

CEREMONY

APPLICANT - DO NOT WRITE BETWEEN
THESE LINES - OFFICIAL USE ONLY

APPLICANT
THESE

32. WITNESS NAME

Scott Foley

33. WITNESS NAME

Louise A. Daley

34. SIGNATURE OF COUNTY CLERK OR DIRECTOR

[Signature]

35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)

August 4, 2006

LOCAL
OFFICIAL

Certified to be a true and
correct copy of the ORIGINAL
Deed of Record of G Assessment
by *[Signature]* J. D. [unclear]

FILED
RECORDS AND ASSESSMENT
HOOD RIVER CO.
2006 AUG -4 P 3:30